on the ground that they are very poisonous in their free state. Their causticity makes them injurious to the gastro-intestinal mucous membrane, besides they have a very disagreeable odor and are repugnant to the taste, but in combination with bismuth the noxious properties of the phenols appear to be neutralized. Then when these substances are introduced into the system they are decomposed, the phenols being liberated exert a characteristic antiseptic effect, while the bismuth oxide that is set free combines with and fixes the toxic albumins in the intestines.

A child, one year old, can be given five grains beta-naphthol-bismuth every two, three, or four hours, as required; a child half a year old one-half the dose. I always insist on giving these powders with a little boiled (sterilized) water, and preferably when the stomach is quite free from food. If there is a great tendency to vomiting and the child does vomit the first or second dose given, it is my custom to immediately follow the vomit by administering another dose of the same quantity. I believe the fear of giving opium is exaggerated. It is one of the most indispensable drugs in the treatment of diarrhœa with pain that we have today. Great care must be exercised, however, to give only the required dose. I have, therefore, frequently combined Dover's powder with the bismuth phenol, sometimes giving one-tenth to one-third of a grain of Dover's powder with each dose of the bismuth; also I have had very good results from the administration of nitrate of silver, one-fiftieth to one-thirtieth of a grain, or even more, every few hours, where bleedings from dysenteric stools have existed. I do not refer to bleeding caused by the small erosions or from the ordinary tenesmus caused by fissuræ ani, which can be controlled much easier by local treatment than by administering drugs per os. It is wise, therefore, to carefully examine the anus in all these cases, where children appear to suffer very much pain from these erosions. The painting of the anus with a six per cent. solution of cocaine or the watery solution of opium will give great relief.

The antipyretic treatment of these gastro-intestinal catarrhs is one that requires great judgment. For example, we frequently have, as in acute gastritis, a sudden elevation of temperature to 105°, 106°, or even 107° F., and this hyperpyrexia can be best controlled by the administration of a bath in the following manner: We place the child in a blanket and introduce the whole body up to the neck and shoulders into water, at a temperature of 90° F. I gradually add cold water to lower the temperature of the water until it reaches 70° F. In summer, where ice is handy, I place the child into warm water and add à large piece of ice to this warm water, and in this manner allow the temperature of the water to be gradually cooled, until the bath thermometer shows a temperature of about 70°. The duration of the bath should not be more than five minutes, otherwise it will be followed by a chill which is sometimes prolonged. The frequency of the administration of these antipyretic measures depends on the condition of the child. I have frequently found that the temperature of 105° or 106° F. can be reduced by one bath three and four degrees during the bath, and that the temperature of the body still sinks one and even more than one degree after the patient is taken out of the water. The antipyretic effect of these baths will last at times two and three hours, and if the temperature again rises we can administer a bath every few hours, as we see fit. It is hard to generalize the treatment of summer complaint, because we have to individualize in most of our cases, and find that certain active measures are very well borne by one class of cases which are not at all tolerated by others. One point is important, and that is to reduce the very high temperatures that occur in the course of summer complaint, owing to the great risk that we run from continued elevation of temperature in causing convulsions and possibly death. In the management of cholera infantum I am in the habit of placing the child with a very high temperature at once into the bath as above described to reduce the elevation of the temperature as much as possible. The next step is to cleanse the stomach and bowels by irrigation as above described, so as to free the stomach from all fermentative products and render it as completely sterile from poisonous bacteria as possible, and by all means to put an ice-bag on the top of the head. While we know that sun-stroke in the adult is usually most dangerous and fatal in alcoholic subjects, we do not know how much good or harm is done by the administration of alcohol in the course of a severe cholera infantum. A large experience of these severe cases as we see them in this city, where a child is brought in in a condition of collapse, with cold extremities, covered with large beads of cold perspiration; the eyes half open, the pupils dilated, the head very hot, the fontanelle widely open, usually depressed, with rapid pulsation; liquid, watery, sometimes greenish, sometimes brownish stools, more often accompanied by vomiting; a tongue that is brown or red, studded with white spots, dry, more often protruding from the mouth; the eyes sunken, surrounded by deep black rings; little or no urine voided; the abdomen at times very tympanitic, at other times retracted; a distinct typhoid appearance, while the body has a cadaverous smell—where we have a clinical picture of extreme exhaustion, as above described, the pulse feeble, at times intermitting, in some cases 180 per minute, in others possibly 60 pulsations, and where we are in the midst of an extremely hot summer's day with the temperature of the air between 95° and 100° F. in the shade, the first duty is to cool the surroundings as much as possible. It is in these cases that so much good can be accomplished by a sudden change of air from the city to the sea on excursions, such as, for example, are given with such wonderful benefit by the St. John's Guild and other sanitariums. The well-known constipating effect of the sea air on adults is here, I believe, beneficially shown and proven by the fact that at times two hundred or three hundred children that have suffered from a continuous diarrhœa lasting a few days or more will by one small sea-voyage, lasting one day in these trips, suddenly have the diarrhœa stopped, which will continue to remain so until the next sudden approach of hot weather.

Stimulation.—The strongest nerve stimulant is musk. In urgent cases I have given 1 to 2 grains within half an hour in a little mucilage of gum Arabic until 6 grains have been given. Camphor, ¼ to 2 grains, can be rubbed up with glycerine; or 10 to 15 drops of spirits of camphor in some cases seem to do good; in obstinate cases, however, hypodermic injections of spirits of camphor prove serviceable. While it is very rare to use alcohol in any or all forms of gastro-intestinal catarrh, I have, however, injected in collapse a teaspoonful of alcohol in a pint of hot water through a flexible catheter (No. 12) into the bowels, or given a few drops of whiskey in rice gruel or barley gruel. A word more about calomel. A great many children vomit after the administration of calomel, so that it is wise not to overlook this point, but it does augment the flow of bile by stimulating the bile-ducts and hence it is a very valuable remedy. The tannate of quinine, which has been so highly recommended, I have used in our dispensaries for the last six or seven years, and have invariably resorted to other drugs; it is therefore a very poor drug to be used in this condition.

Diet.—Our next step will be to nourish our patient. If our patient is a nursling we must carefully inquire into the quality and quantity of its mother's or wet-nurse's milk. The microscopic examination of the milk will be necessary, besides the creamometer, which is recommended by Holt, can be used to estimate the quantity of fat and cream in the milk. It is wise to in-

quire into the conditions previously mentioned in this paper—*e.g.*, tuberculosis, pregnancy—when the lactation is interfered with, and if we find such conditions existing, then we must resort to hand-feeding—properly sterilized milk, diluted according to the age of the child. If the child is hand-fed it is a cardinal rule in all cases of summer complaint with vomiting and diarrhœa to discontinue milk and to give the child barley-gruel, or what I have found equally good, rice-gruel. If the child does well it is a good plan to change the food from time to time, and to give one day corn-starch or rice and the next day barley. The white of an egg or the yolk of an egg beaten up with sterilized water can also be given advantageously during the course of a diarrhœa; so also have I found some good by the administration of beef blood, made by broiling fresh steak and expressing the juice with a lemon-squeezer, and administering twenty-five or thirty drops at a time to a child of six months or over, two or three times a day. If vomiting is very persistent and the stomach has been thoroughly cleansed and cannot be controlled by the measures resorted to above, I frequently discontinue all feeding per mouth for twenty-four hours, giving the stomach absolute rest, and then resort to

Rectal Alimentation.—For this purpose I use peptonized milk (thoroughly peptonized) or the yolk of egg with starch-water, or beef blood as described above, with starch-water, or barley-gruel, using between two and four ounces for one enema. This quantity I inject into the rectum very slowly every two, three, or four hours. It is always necessary in rectal alimentation to thoroughly wash the lower bowel by using an enema of soap-water or glycerin and water before each feeding.

Hygienic.—Having attended, then, to the mechanical treatment, medication, and looked after the proper diet of our case, we next try to give our patient as much cool air as possible. I have previously referred to the importance of taking a child away from atmospheric influences, which most likely cause this pathological condition, and where this is not possible, I remove the child into the largest and coolest room of the house. Where sea-air is not obtainable, it is wise to add some sea-salt to our water in administering the baths previously mentioned, as they have a very invigorating effect. Occasional sponging with equal parts of alcohol and water or a small quantity of Florida-water brightens the children and seems to check perspiration. Children in this condition should be bathed daily, and where extreme prostration exists, they can be bathed twice daily with salt water, followed by rest and placing a small rubber bag half filled with cracked ice over the top of the head or immediately over the pulsating fontanelle and left *in situ* for a number of hours. In other cases where there are symptoms of cyanosis with cold extremities and great perspiration, with pallor of the skin, a hot mustard bath is indicated—about a handful of pulvis sinapis nigræ wrapped in some linen and suspended in water of about 100° F. Immerse the child's body and gradually raise the temperature of the bath by adding boiling water until reaction sets in; then wrap the child in warm blankets. In extreme stupor I have sometimes given to advantage a few drops of the aromatic spirits of ammonia with a little boiled water, especially where the pulsations were very feeble.

To sum up, my plan of treatment for a given case of catarrh of the gastro-intestinal mucous membrane, resulting from the combined effects of extreme heat and improper feeding, would be: 1. To irrigate the stomach as previously detailed, to free the gastric mucous membrane as much as possible from offending decomposing food and consequent fermentation. 2. To free the bowel in the same manner from all offending fæces possible by irrigating with lukewarm water and flushing the colon and rectum till the contents flow away clear. 3. Never resort to antipyretics, as antipyrin and quinine or other similar drugs, in reducing the temperature, but invariably resort to hydropathic measures, relying on the warm bath, gradually cooled from 90° to 70°. Duration of bath in all five minutes, to be repeated every few hours if necessary. 4. Placing an ice-bag on the top of the head, following the bath, and placing the patient in the coolest possible room, if we cannot have the child immediately removed to cool sea-air. 5. Unless it be a nursling, I invariably proscribe milk; and if a nursling then discontinue the breast at least one-half day to give the stomach absolute rest. 6. I administer beta-naphtol-bismuth in doses of five to ten grains to a child of one year every two, three, or four hours, depending on the nature of the case. 7. If vomiting persists and cannot be controlled by medication, I resort to rectal feeding, and administer the bismuth in a small suppository, also per rectum, but invariably doubling the dose required per mouth. 8. I invariably warn against the danger of administering alcohol, and any wine or beer. I administer alcohol, if at all required, myself, per rectum, as detailed above. 9. Cold sponging to check the perspiration with equal parts of alcohol or water or using bay rum is very refreshing and grateful, besides doing service in cooling the body. 10. Where cyanosis and very cold extremities exist, we have to individualize our treatment and sometimes resort to hot mustard baths, in preference to previous hygienic measures detailed.

It is important to remark that the cause of all or nearly all gastro-intestinal disorders originates in the stomach by and through not only the food given, but an improper assimilation of the same, due no doubt to atmospheric surroundings, and hence a complete breaking off and stopping of feeding per mouth is very beneficial to a great many cases, and where, therefore, we have extreme vomiting, which cannot be controlled by other means, the importance of rectal feeding and absolute rest of the stomach cannot be overlooked.

187 Second Avenue.

A CASE OF EXOPHTHALMIC GOITRE, WITH MONOCULAR SYMPTOMS AND UNILATERAL THYROID HYPERTROPHY.[1]

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Since Graves's classical observations first drew attention to the symptomatic combination of thyroid hypertrophy, cardiac palpitation, and "Anæmic Protrusion of the Eyeballs," and Basedow, independently, and but a few years later, described similar symptoms as characteristic features of a distinct "Exophthalmic Disease" (Glotzaugen-Cachexie) no completely satisfactory theory has been advanced in explanation of the pathology and etiology of the interesting affection, which as Graves's or Basedow's disease, represents a very definite and not uncommon clinical entity.

In view of the present state of our knowledge on this subject the report of a case of exophthalmic goitre, with the unusual features of limitation of ocular symptoms to one side, and unilateral enlargement of the opposite lobe of the thyroid gland, may not be without interest.

The patient in whom this rare variation was observed applied for treatment on November 3, 1894, at the New York Eye and Ear Infirmary, and was referred to me for an examination of the refraction by Dr. Gruening, to whom I am indebted for permission to report the following notes: The patient, Mrs. A. J——, is twenty-four years of age. Her father and mother are living, and in perfect health, aged respectively fifty-four and forty-eight years of age. Six sisters and four brothers,

[1] Read before the Section on Ophthalmology of the New York Academy.

all robust and well, are subject, according to the testimony of the patient, to nervous excitement. The patient herself has always been well, but since childhood she has been nervous and easily frightened. She has been married four years. Three years ago she aborted at the fourth month, and has not been pregnant since. From the time of her marriage she has been almost constantly worried and excited by domestic infelicity, and about six months ago her condition was aggravated by a particularly unpleasant occurrence, the precise nature of which I did not investigate. Within a few weeks the patient noticed that she became fatigued on the slightest exertion, particularly after walking or climbing stairs, flushing frequently and perspiring freely. Her nervous excitability increased markedly, with the additional symptom of palpitation and dyspnœa, and occasionally the sensation of throbbing in the vessels of the neck.

The patient, who is a dressmaker, found that her eyes ached and that vision became blurred after sewing a few minutes, and she was told that "she looked strange," and that "one eye was larger than the other."

My attention was immediately attracted by the peculiar expression of the left side of the patient's face, due principally to the staring appearance of the eye. It was this characteristic feature which at once suggested a diagnosis. The palpebral fissure on this side was widened by a marked retraction of the upper lid, which allowed almost two millimetres of the sclera to appear above the margin of the cornea when the visual axis was horizontal. The globe was distinctly prominent, but not to a high degree, and Graefe's symptom was readily elicited. The condition is well shown in Fig. 1, taken about three weeks later. Involuntary winking was decidedly infrequent, but not evidently impaired. The vision was normal in both eyes; the refraction emmetropic. There was an insufficiency of the internal recti of 2° and 5° respectively for distance and near vision. Ophthalmoscopic examination showed venous pulsation on the disc in the left eye, but arterial pulsation could not be detected. The right eye showed no abnormality; the appearance of this side of the face was perfectly natural. There was some flushing of the face, more marked on the left side, and greatly increased by even slight mental excitement. The thyroid was not noticeably enlarged, but on palpation an increase in size of the right lobe, and of the isthmus was made out. There was a fine tremor of the tongue and hands, almost fibrillary in character, and much like that observed in paralysis agitans, but somewhat slower (5 to 6 to the second). The heart was over-acting and tumultuous, at times intermitting; the second pulmonic sound accentuated. There was no evidence of a valvular lesion, but the area of cardiac dulness was increased to the left, and the apex-beat was heaving and diffused over the precordia. There was marked capillary pulsation on the breast and neck. A loud venous hum was heard over the jugular vein, and a blowing murmur, coincident with the first sound of the heart, over the enlarged right lobe of the thyroid. The lungs were normal, but inspiration was superficial, and at times, gasping; the thorax appeared somewhat flat. There was marked pulsation of the carotids, especially on the left side, but the radial pulse was quite small and compressible, averaging 120 to the minute when the patient was at rest. Although I impressed upon the patient the importance of avoiding all exertion, physical and mental, some weeks elapsed before she realized the necessity of systematic treatment. I advised rest in bed or on a lounge for several hours in the morning and afternoon, general regulation of diet, and the use of ice-bags over the heart and neck for excessive palpitation. Tincture of digitalis in doses of five minims three times a day was prescribed, with a tonic containing iron, strychnine, and quinine. The heart-action was not improved by the digitalis, which after several weeks had been increased to ten minims four times a day, and, although the ice-bags promptly relieved the palpitation, the patient found it inconvenient to use them regularly. The digitalis was discontinued, and tincture of strophanthus, three minims, three times a day, was ordered, with fifteen grains of sodium bromide on retiring at night.

This case has been under observation for six months, and the condition at present is slightly improved. The heart-action is somewhat less rapid, the palpitation, subjectively, much diminished. The exophthalmos is still present, although not in the same degree as before, and the retraction of the upper lid is hardly noticeable.

The improvement in the patient's expression has been noticed by her friends, and this has had a beneficial effect on her general condition. The prospect of ultimate complete recovery seems good.

In the above case all the classical symptoms of Graves's disease were present, together with a number which, though not of prime importance, are characteristic of the affection. Of these I may mention the tremor (Marie), restlessness and nervous excitement

Fig. 1.

(Charcot), insufficiently of the interni (Möbius), superficial respiration (Bryson), and the flushing and hyperhidrosis with the attending diminution in resistance to the galvanic current. The most striking feature of the case, however, is undoubtedly the peculiar limitation of the ocular symptoms to the left side, combined with a "crossed" hypertrophy of the right lobe of the thyroid. Unilateral symptoms in Graves's disease are so inexplicable by the ordinary theories that some writers on the subject [1] have denied the possibility of such a variation, while Berger [2] considers the presence of unilateral exophthalmos sufficient evidence to exclude a diagnosis of this affection. There is no doubt that many of the cases published as Basedow's or Graves's disease, especially those dating from the earlier years in the study of this disease, were based on insufficient observation. Affections of the cervical sympathetic with atypical symptoms,[3] complicated cardiac lesions,[4]

[1] Schott: Deutsche Med. Ztg., 1889, No. 32. Marcus: Ibid., 1893, No. 48.
[2] Bull. de Soc. de Chir., 1884, p. 277.
[3] Chvostek: Wiener Med. Presse, 1872, p. 497.
[4] Schnitzler: Wiener Med. Halle, 1864, No. 24, p. 245.

hysterical manifestations in chlorotic girls, and, in a number of cases, true endemic or sporadic goitre with pressure symptoms on one side,[1] were all thrown into the convenient category of morbus Gravesii. A large number of the cases compiled by Hirschberg[2] in his historical and critical essay are found on reference to the original articles to be ordinary bilateral cases;[3] in others there was a difference, more or less marked, in the degree of protrusion of the two eyes,[4] while in a third series there was only temporary limitation of symptoms to one side, the exophthalmos appearing somewhat later in one eye than in the other.[5] Excluding the doubtful cases, I find the following references to the condition under discussion:

Demours,[6] observed in a young girl, eleven years of age, a prominence of the left eye of one and a half lines, which had persisted for three years. The patient had had slight thyroid enlargement since birth. Her mother showed a disposition to thyroid enlargement since childhood, and after her first confinement developed a goitre, which steadily increased in size.

Desmarres,[7] reported, under the title "De l'Exophthalmie produit par l'hypertrophie du tissu celluloadipeux de l'orbite," several cases of Graves's disease, in one of which he observed unilateral exophthalmos of a slight degree in the right eye of a young woman, aged thirty, who suffered from nervousness, palpitation, and thyroid hypertrophy. There was retraction of the upper lid; the sight was perfect and motility normal. After treatment for three months with potassium iodide internally and unguentum iodi applied locally, the condition improved noticeably. In his general remarks on this subject Desmarres draws a graphic picture of the physiognomy in this affection, and in particular calls attention to a symptom which Stellwag is supposed to have discovered sixteen years after Desmarres described it in the following words:

"Lorsqu'on regarde attentivement un malade atteint de cette affection, on remarque, comme premier symptome, que la paupière supérieure ne s'abaisse plus comme dans l'état physiologique sur la partie supérieure de la cornée, lorsque l'œil regarde horizontalement; au contraire, la cornée reste découverte en totalité, ce qui donne à la physionomie quelque chose de hagard fort désagréable à voir. A un degré un peu plus avancé encore, le malade a les yeux d'un homme en fureur, et celà établit un contrast choquant avec la tranquillité du reste de la physionomie." The rest of this interesting monograph is devoted to the differential diagnosis of the exophthalmos in Graves's disease from that due to hydrophthalmos (bouphthalmos), orbital cellulitis or emphysema, distention of the sinuses, orbital tumors, and other causes.

Mackenzie[8] saw one case. His patient, a delicate, anæmic young woman, whose sister had been under treatment for years for Graves's disease, suffered from amenorrhœa with nervous symptoms, dyspepsia, and constipation. After several months of mental worry and severe physical exertion during the summer, the right eye began to protrude, and the thyroid became enlarged. The symptoms were much improved by the administration of the tincture of iodine (dose not stated), with local application of iodide of potassium ointment to the neck and temporal region.

Präel[9] noted the development of right exophthalmos with bilateral thyroid hypertrophy during convalescence from acute bronchitis of a man, aged fifty, who suffered from palpitation and other signs of cardiac disease since his twentieth year. After a long time the left eye also became prominent. The case terminated fatally, and the post-mortem examination revealed extensive atheromatous changes in the aorta, with evidence of mitral stenosis and insufficiency. In two other cases right exophthalmos was observed in young girls, nineteen and fifteen years old, respectively, who were chlorotic. In one case palpitation and hyperhidrosis appeared later and persisted for several years. In the other case a severe emotional disturbance was the determining cause. The exophthalmos suddenly became much more marked about five years later after a severe attack of hæmatemesis and brought about a condition of acute anæmia. Struma now appeared for the first time.

Chvostek[1] reports the case of a woman, aged fifty-five. Her mother had shown marked symptoms of nervous weakness since youth. Her father had had a valvular lesion, and a sister had been affected with Graves' disease for twenty-five years. The patient had passed through severe mental excitement eight years before, and soon after presented symptoms of exophthalmic goitre with striking unilateral symptoms. The right eye was noticeably prominent, the right lobe of the thyroid much enlarged. Hyperhidrosis, flushing, and emaciation, all limited to the right side, appeared later, and the general condition became very bad, although the patient eventually recovered completely.

A most remarkable case is reported by Burney Yeo.[2] The patient, a woman, aged thirty-five, had always enjoyed good health, although extremely nervous, until her fourth confinement. Symptoms of puerperal sepsis then set in which lasted for three weeks. When she got well the patient's friends would not let her look at herself in the glass because she "looked so wild." There was marked exophthalmos on the left side, but it was difficult to say whether the right eye was, or was not, at that time, more prominent than natural. The right lobe of the thyroid was considerably enlarged, but there was little increase, if any, in the size of the left lobe. At about the same time the eyelashes and the hair of the eyebrow on the left side began to fall out. The general symptoms of nervousness, flushing, hyperhidrosis, and palpitation, with a pulse of 136, were noted. Both the goitre and the exophthalmos were markedly unilateral, but on opposite sides. After nearly six months the right eye began to protrude, and the falling out of the eyelashes and of the hair of the eyebrow on the corresponding side was noticed. At the same time the opposite lobe of the thyroid, which had formerly appeared to be normal, began to enlarge, and soon equalled the right lobe in size. Yeo cites a second case of right unilateral exophthalmos which had persisted for one year in a robust and healthy young girl of twenty-three. Palpitation and nervous symptoms developed, the pulse ranging from 116 to 140, but there was no goitre.

Becker[3] reports the case of a lady, aged twenty-eight, who had been married seven years and was the mother of a strong, healthy boy. A second pregnancy had not occurred, as dysmenorrhœa with nervous symptoms had followed the first confinement, and had eventually developed into hysteria. Since one year occasional protrusion of the left eye had been noticed, while the right appeared perfectly normal. Palpitation was complained of at times, and there was slight enlargement of the thyroid. On examination the sight was found to be perfect. There was only slight exophthalmos with pulsation of the retinal arteries in the left eye. There was no prominence or other morbid symptom in the right eye.

Abadie[4] describes the following case: A young woman, aged twenty-eight, who had been troubled for

[1] Berger: Bull. de Soc. de Chir., 1884, p 277.
[2] Die Basedow'sche Krankheit. Wiener Klinik, 1894.
[3] Rosenberg: Berl. klin. Wochenschr, 1865, ii, 277. Sichel: Bull. Générale de Thérapie, vol. xxx., 1853. Patchett: Lancet, 1872, p 827.
[4] Emmert: Graefe's Archiv, xvii., 1, p 203.
[5] Jendrassik: Archiv f. Psychiatrie, u. Nervenheilk., 1886, xvii.
[6] Traité des Maladies de l'Œil, Paris, 1818.
[7] Gazette des Hôp., 1853. No. 1, p 2.
[8] Treatise of Diseases of the Eye, 4th ed., 1854.
[9] Graefe's Archiv, iii., 2, 199.

[1] Wiener Med. Presse, 1872, p. 497.
[2] British Medical Journal, March 17, 1877.
[3] Klin. Monatsbl. f. Augenheilk., xviii., 1880.
[4] L'Union Médical, 1880, No. 157, p. 859.

several months with excessive feebleness, general malaise, palpitation, and marked nervousness, had been under treatment, without relief, for anæmia, a diagnosis having been made "by exclusion," as physical examination had failed to reveal any organic evidence of disease. Some time later the patient noticed a greater prominence than usual of the right eye. The characteristic expression of the eye, due to retraction of the upper lid, immediately drew attention to the real nature of the case. The pulse when the patient rested was 96. The prominence of the right eye was manifest. There was a slight enlargement of the thyroid, affecting the isthmus only. The left eye appeared perfectly normal. In the case of a man, aged thirty-four, who had suffered with palpitation for three years, Maher[1] found enlargement of the thyroid, notably on the right side, and exophthalmos of the right eye, the cornea being two and a half to three millimetres in advance of the left. This condition had been noticed by the patient for one year. Graefe's symptom was not present.

Fig. 2.

In this country no case of unilateral exophthalmic goitre has been published, and, to my knowledge, but one has been observed. I am indebted to Dr. George W. Jacoby, of this city, who presented the case at the Monthly Scientific Meeting of German Physicians, in December, 1893, for the following details, and the accompanying photograph (Fig. 2):

Kate P——, thirty-three years of age, has complained for about two months of general nervousness, palpitation, and sweating. For about the same length of time she has noticed a peculiar expression of the right eye and slight prominence. On examination, Graefe's symptom, with retraction of the upper lid and slight exophthalmos, all on the right side, were noted. The thyroid seemed to be somewhat enlarged; the right lobe distinctly fuller than the left. Möbius's symptom was distinct, but there was no loss of involuntary winking. The right cornea was perhaps slightly anæsthetic. In addition to these symptoms, there was tremor, and a bronze decoloration of the skin.

[1] Lancet, 1886, No. 1, p. 1221.

In all but three of the thirteen cases reported the right eye was affected. Of the three cases involving the left eye, but one, that of Burney Yeo, was associated with hypertrophy of the contra-lateral lobe of the thyroid, and in this case both lobes eventually became much enlarged. Ocular and thyroid symptoms limited to the right side, were seen in Chvostek's case only. In my case there has been, so far, no evidence of an extension of the affection to the right side, and the general improvement in the patient's condition leads me to believe that the present "crossed" condition will eventually recede without any change in the peculiar limitation of the symptoms.

60 West Seventy-sixth Street.

WHERE SHALL OUR CONSUMPTIVE PATIENTS BE SENT? SOME PRACTICAL POINTS FROM THE WRITER'S OWN EXPERIENCE.

By WILLIAM B. BERRY, M.D.,

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Let me express to my friends of the Orange Mountain Medical Society my cordial and undiminished regard. Your society held and still holds many of my best professional friends, and it is this reason which leads me to present to you some of the results of seven years of observation of phthisis in different climatic resorts in this country. These years have made vacant several places in your ranks—vacancies I do not like to contemplate. The dreary distance that separates us is kind for once, and it helps me to-night to picture all the chairs filled as they were in the old days. Once when I lived among you I was called to supersede one of your honored members, who was impeached by paterfamilias as being "too scientific." It is with mingled feelings that I recall the perfect satisfaction with which my ministrations were accepted by that household through many years. Though the quality which this infers is not the one to plead before you, I beg you to lend your ears and listen.

The writer's problem has been, as you know, to regain his health and have a home the year round in a civilized community, under his own flag. This is not presented as a dissertation on "climate" or on its factors and their method of action, and I shall purposely avoid figures and statistics. Often an accurate estimate of the properties of an air may be made by avoiding for a time our instruments and gauging it by the amount of comfort it brings. There *are* good climates and health resorts, so called, in this country; there are *so many* that no one of them can properly assume airs of exclusiveness. Able, honest, painstaking men have put these places on record, but the profession has been bothered into scepticism by the genius who "writes up" climate from the car window, by the man who directly or indirectly has it for sale, by the sick pessimist who has failed in his search for health, or by the healthy pessimist who has failed in speculation. A hunt for a perfect climate is a rainbow chase. Probably there is no spot where at times one could not reasonably and easily imagine himself on the streets of Orange and Montclair—in nasty weather too.

Your correspondent will speak briefly of Colorado, where a year and a half was passed; of Asheville and its vicinity, where more than a year was spent, and of Southern California, where in various places he has resided for three and a half years. To the average busy doctor a health resort presents itself as an unfamiliar medicine, and he straightway and with suspicion questions: What is it? How does it taste? What is it good for?

Colorado is a type of a land of high, dry air, sunshine, and arid soil. That elevation and atmospheric dryness have a decided influence on pulmonary con-

sumption goes for the saying. It is safe to assert that a great majority of non-laryngeal, and a respectable minority of cases with laryngeal, complications should have the driest air comfortably attainable. This notwithstanding the fact that a few of these cases do well on the coast or at sea, or even in a damp valley. As for altitude, the writer is each year firmer in his convictions that it is the most powerful climatic (or other) therapeutic agent we have for the arrest and cure of this disease, but it is a two-edged sword. It is, in ignorant hands, a most dangerous remedy, and even the wisest do not always know just where or how much to give, but this we can as truly say of atropia or digitalis. Whether an altitude of three thousand or four thousand feet gives all the good results and has none of the evils of one of six thousand or eight thousand feet is a question for further observation; but I should be inclined to say "No" decidedly. The value of the climate of the Rocky Mountain region is beyond question, and one has but to look about in every town to see those who came there very ill leading active, efficient lives.

In Colorado, as in every other resort, a dreary picture may be drawn, if only the disagreeable features are spoken of, but they should be noticed and weighed or disappointment and harm may occur. If the climate-seeker expects to find a spot where he does not have to use vigilant wit against the vagaries of nature, he had better stay at home. Among the peculiarities, to use no harsher term, of Colorado climate, should be noted a great difference between day and night temperature, as exists, I believe, in all high altitudes, and also holds in Southern California.

Again, as elsewhere, dryness means dust, if there is any soil and air motion, and an exaggerated air motion seems to be inseparable from all health resorts worthy the name. A certain amount of wind is wholesome, no doubt, but Colorado may truly be said to have more than is necessary or pleasant. Dr. Fisk, of Denver, and Dr. Solly, of Colorado Springs, have made analyses of the cases of phthisis coming under their care during a term of years, and show improvement in sixty-six and two-thirds per cent. Their deductions are beyond question fair accurate, and true; still it would be safe to say that of the indiscriminate throng of consumptives who press out to that country, far more are injured or receive no benefit than are in any way helped. For this two comprehensive reasons may be given: 1, So many unsuitable cases are sent; 2, so many do not at once put themselves under competent local medical care.

We must all recognize the fact that the most skilful advice cannot be always right in its choice of a climate, and that in each instance there is a large amount of experiment. Again, we must remember that a large percentage of these cases sooner or later reach a fatal termination, go where they will and do what they will. It is not an infrequent thing in an altitude such as Colorado Springs (six thousand feet) to see developed a train of nervous disorders demanding a retreat to a lower level. It would seem to be true in a measure, though not to the extent formerly supposed, that a "cure" wrought in a high altitude puts the subject in prison, and that he does not have the wider range of choice of one who regains his health within a short distance of the sea-level. Practically the difference is not great, for good sense requires that anyone "recovering" from phthisis should strive to remain in a climate as nearly as possible identical with the one in which the cure is wrought.

The Asheville region is one of great beauty, and presents the advantages of a varying moderate altitude. In a climatic way it is a decided improvement on the Atlantic coast. Its proximity to the Eastern centres and the comfortable character of a great part of the year make it a desirable resort for those who do not need, or cannot reach, or should not attempt, the more decided change that begins only at the eastern edge of the Rocky Mountain plateau. I cannot speak of any of the other places in the South, for I have no direct acquaintance with them, but their name is legion.

Southern California.—It is difficult to give a fair impression of a climate from a written page. The feat has never been accomplished. It bears the same relation to the real thing that a cook-book does to a dinner. To me, all things considered, Southern California seems to present more of the essentials of health and comfort for a larger proportion of invalids than any other section I have visited. One finds that as a class those who have knocked about the most are the best satisfied here. No one who has not lived in the country the year round and leisurely visited the various places can have any just idea of it. It should always be remembered that it is a land of many and varied climates, of wide range of heat and cold, dryness and moisture, of mountain height, sea-level, and below the sea. Going a score of miles from its principal town, one is at the sea; an equal distance in another direction, six thousand feet above it. Journeying three or four hours from the ocean through ever increasing dryness brings one to the great dryness of the desert, at, above, or below the sea-level.

At first the great stretches of bleak treeless shorn desolation are a surprise, if not a shock, to those who are acquainted only with the lavish hand of nature through the Eastern summers. Here, through most of the year, nature wears colors not in vogue in the East, and it often takes a little time to get used to her strange gowns, but we soon learn that her taste is unerring. The winter rains make the land green for a short time, then it lapses into its normal browns and gray-greens for many months, save where a discouraged stream crawls, or where the hand of man leads water to orchard, garden, or lawn. If one may speak in general terms of a vast area in which there are varying conditions, there may be said to be throughout Southern California a warm midday and a cold night half the year, a hot midday and a cool night the other half. With the hot sun, a cool breeze from the sea, save in the early fall, when it dies down. The hot weather is the dry weather, and comfortable if one can order his employment. In most locations there are a dozen days a year of dry, parching, disagreeable wind from the desert. During the winter and early spring many rainy days and then dry skies for many months. Dry, warm weather means dust and flies, and they are here, but are to be conquered in the usual way. For three months in the late spring and early summer, and as an occasional thing at any time in the year, there is fog, which a buoyant optimism calls "dry" though dripping at every pore. This fog increases as you approach the sea and go up the coast. The country in the interior, away from the cooling influence of the sea, may be depressingly hot in summer and autumn. The immediate seashore is always cool, and the nights are relatively warmer than in inland places.

The only difficulty is in finding, for those who cannot stand the sea nor an altitude of at least five thousand feet, a convenient place to retreat from the heat of September and October, and perhaps that of August and November. There are some phases of consumption that do well on the shore, but it should be understood that to the vast majority of pulmonary invalids the Southern California ocean-side is not friendly. The islands, a score or more of miles out in the sea, offer a satisfactory refuge from the heat for some who cannot brave the air of the main coast. Perhaps the cultivation and irrigation of the soil is in certain locations a disadvantage to the sensitive throat. If it is, it certainly cuts very little figure and may be easily avoided. The most wholesome air the sick one breathes is no doubt amid absolute isolation and desolation, but those of us who have experimented are willing to compromise the matter and take a cook and some cultivation in "ours."

As far as I can learn, the high mountain resorts in